

COMPLAINT FORM

IDENTIFICATION

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

School/Centre: _____

INFORMATION ABOUT YOUR COMPLAINT

Date of complaint: _____

Author of Decision: _____

Date of Decision: _____

Please describe your complaint and the steps taken in order to try to resolve this problem.

For what reasons are you dissatisfied with the handling or the outcome of your complaint?

What is your desired outcome?

Signature: _____ **Date:** _____

FOR ADMINISTRATIVE USE

Level of the complaint:

LEVEL	NAME	DATE	DECISION
SCHOOL/CENTER			
DIRECTOR			
ASSISTANT DIRECTOR GENERAL/DIRECTOR GENERAL			
SECRETARY GENERAL			